

# STANDARD CERTIFICATE OF DEATH

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

BIRTH NO. <b>FILED MAR 5 1954</b>		REG. DIST. NO. <b>387</b>		PRIMARY REG. DIST. NO. <b>5161</b>		Registrar's No. <b>5</b>			
1. PLACE OF DEATH a. COUNTY <b>Callaway</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Callaway</b>					
b. CITY (If outside corporate limits, write RURAL and give township) <b>New Bloomfield</b>		c. LENGTH OF STAY (in this place) <b>6 yrs</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>New Bloomfield</b>		d. STREET ADDRESS (If rural, give location) <b>IN TOWN</b> <span style="float: right;">0140</span>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>IN TOWN</b>				d. STREET ADDRESS (If rural, give location) <b>IN TOWN</b>					
3. NAME OF DECEASED (Type or Print), a. (First) <b>Marcus</b>			b. (Middle)		c. (Last) <b>Zumwalt</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Feb 14 1954</b>		
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>		8. DATE OF BIRTH <b>Feb 18-1874</b>		9. AGE (In years last birthday) Months Days <b>79 11 26</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>				10b. KIND OF BUSINESS OR INDUSTRY <b>Retired</b>		11. BIRTHPLACE (State or foreign country) <b>Boone County Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>Bert S. Zumwalt</b>			13b. MOTHER'S MAIDEN NAME <b>MARY F. GREEN</b>			14. NAME OF HUSBAND OR WIFE <b>Hettie Mae Zumwalt</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <b>NO</b>			16. SOCIAL SECURITY NO. <b>NO</b>			17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs Marcus Zumwalt New Bloomfield</b>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Valvular Heart Disease</b>						INTERVAL BETWEEN ONSET AND DEATH	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____  DUE TO (c) _____							
		11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Carcinoma of Right Ear</b>							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>4214H</b>						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?					
22. I hereby certify that I attended the deceased from <b>Sat 1, 1953</b> , to <b>Feb 14, 1954</b> , that I last saw the deceased alive on <b>2/13, 1954</b> , and that death occurred at <b>2:45 Am.</b> , from the causes and on the date stated above.									
23a. SIGNATURE <b>E. M. Pusk m.d.</b>					23b. ADDRESS <b>New Bloomfield Mo</b>		23c. DATE SIGNED <b>2/15/54</b>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		24b. DATE <b>Feb 16-54</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Mt. Pleasant Cemetery Boone Co. Mo. S. Ashland Mo.</b>		24d. LOCATION (City, town, or county) (State)			
DATE REC'D BY LOCAL REG. <b>Feb 14-54</b>		REGISTRAR'S SIGNATURE <b>Le Roy Claypool</b>			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Halt. Claypool S.C.R. New Bloomfield</b>				

(Licensed Embalmer's Statement on Reverse Side)

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed \_\_\_\_\_

*Le Roy Claypool*

Licensed Embalmer No. *4412*

P. O. Address *New Bloomfield*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.